

# Registration Form



**Please print and use this form for all Recreation activities. Please use a separate form for each participant.**

Participant Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Gender: \_\_\_\_\_ Grade entering this fall: \_\_\_\_\_ Parent/Adult Email: \_\_\_\_\_

Parents/Guardians Names (for youth registration) \_\_\_\_\_

Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the child in custody of both parents? ☐ Yes ☐ No If no, can the non-custodial parent pick up? ☐ Yes ☐ No

Please list others authorized to pick up your child (other than parents/guardians/emergency contact listed above): \_\_\_\_\_

Do you need an accommodation due to a disability? No ☐ Yes ☐ (If marked Yes, you will be contacted by staff)

Special Considerations/Medical Conditions (list anything you would like us aware of): \_\_\_\_\_

## COMPLETE THIS SECTION FOR CAMPS ONLY

T-shirt size (camps only): Youth: S M L Adult: S M L (Child must be enrolled at least one week prior to start of camp to receive shirt.)

Will you be using before/after care? (where applicable) ☐ Before care ☐ After care Drop Off Time: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_

Swimming Ability (check one): ☐ Shallow Water ☐ Deep Water

☐ Check here if applying for a camp or swim lesson scholarship. If applying, fees are not due until your application has been processed.

Program Name	Session#/Date(s)	Location	Start Time	Level	Fee/session
1.					
2.					
3.					
4.					
5.					
6.					

Camp Donation: Add \$1 or more to your total fee to help provide assistance for those unable to afford the program fees for Youth Day Camps. \$ \_\_\_\_\_

Swim Donation: Add \$1 or more to your total fee to help provide assistance for those unable to afford the program fees for Swim Lessons. \$ \_\_\_\_\_

TOTAL DUE \$ \_\_\_\_\_

Make checks payable to: City of Janesville (unless otherwise noted).

Check No. \_\_\_\_\_ MC/Visa No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature for credit card authorization: \_\_\_\_\_

PLEASE NOTE: The Recreation Division occasionally takes pictures of program participants for advertising purposes. If you or your child should not be photographed, please check here: ☐ Do not publish photos of this program participant.